



PATENT
450100-4984

2/35
41

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Susumu KUSAKABE et al.

Serial No. : 09/353,270

For : INFORMATION PROCESSING DEVICE AND
INFORMATION PROCESSING METHOD

Filed : July 14, 1999

Examiner : Monplaisir G. Hamilton

Art Unit : 2135

RECEIVED

AUG 09 2004

Technology Center 2100

745 Fifth Avenue
New York, NY 10151
(212) 588-0800

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Mail Stop Amendment, Commissioner for
Patents**, P.O. Box 1450, Alexandria, VA 22313-1450, on July
29, 2004.

Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative

Samuel H. Megerditchian

Signature

July 29, 2004

Date of Signature

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is responsive to the March 31, 2004 Office Action. Any fee occasioned by this
paper may be charged, or overpayment credited, to Deposit Account No. 50-0320.

08/04/2004 JBALINAN 00000040 09353270

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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	13	Minus	** =20	* x	\$18 (9)	= \$ 0
Independent claims	5	Minus	*** =5	* x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☒ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a one month extension-of-time. A check covering the cost of the petition is enclosed.

☒ A check in the amount of \$110.00 is attached, which covers the cost of ☐ additional claims X petition for extension-of-time.

☐ Charge \$_____ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative

Samuel H. Megerditchian
Signature

July 29, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By:

Samuel H. Megerditchian
Samuel H. Megerditchian
Reg. No. 45,678
Tel: 212-588-0800